

Update in femoral angioplasty & stenting



MEET 2008
MULTIDISCIPLINARY EUROPEAN
ENDOVASCULAR THERAPY
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Bail-out Revascularization of Femoral CTOs using the new Outback[®]LTD[™]



D.D. Do

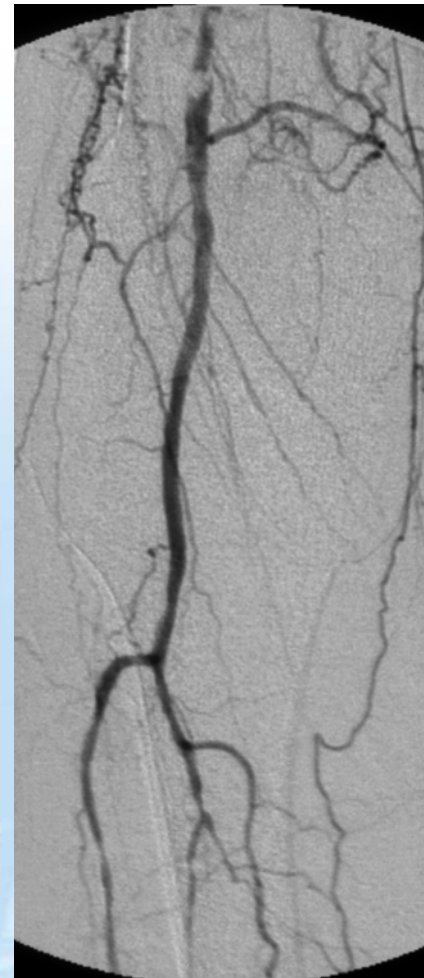
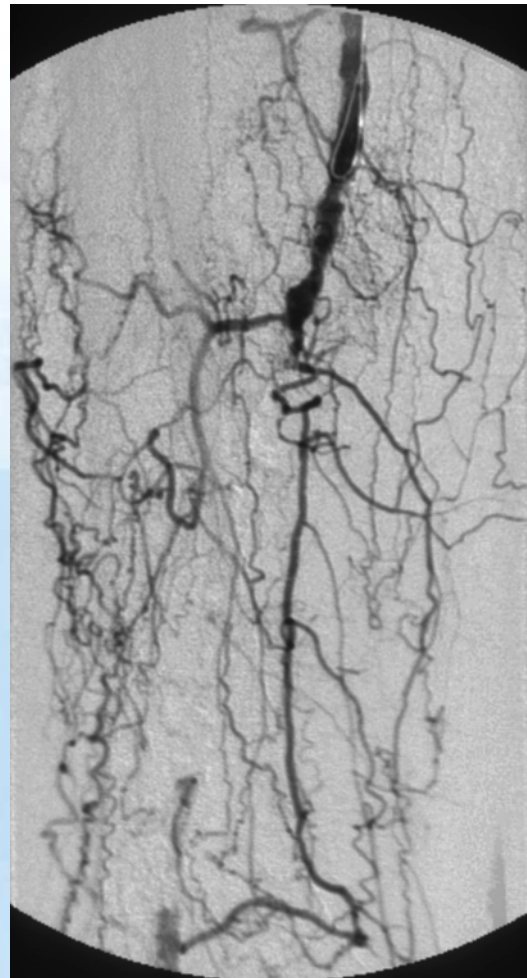
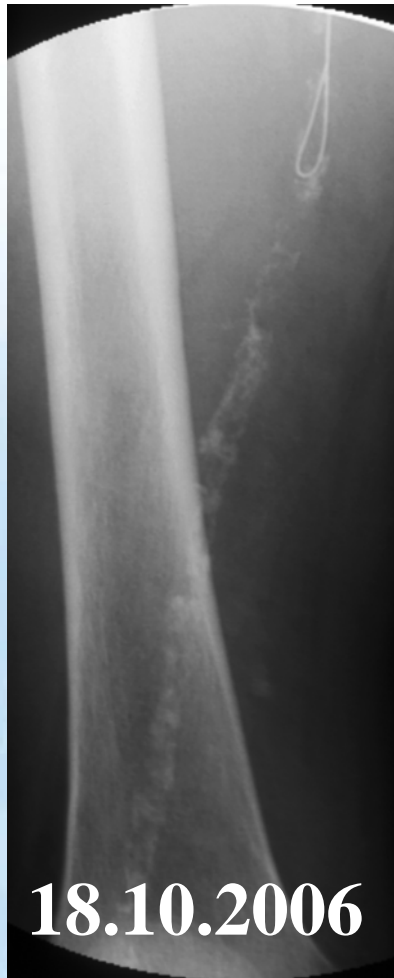
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Our 1st case: 91 y female

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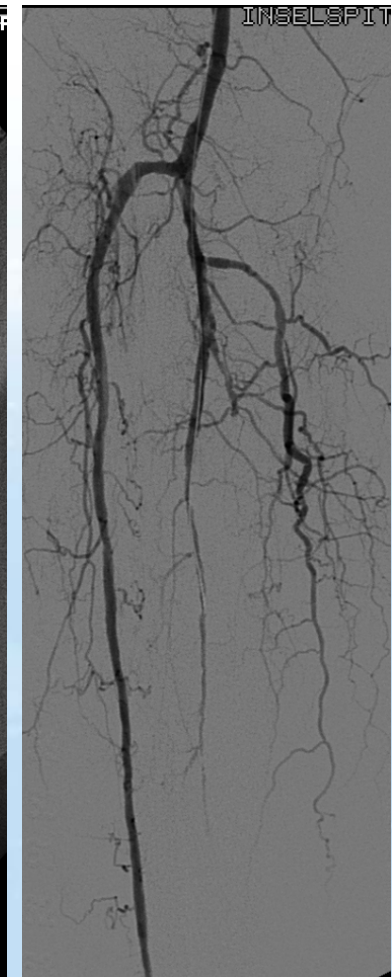
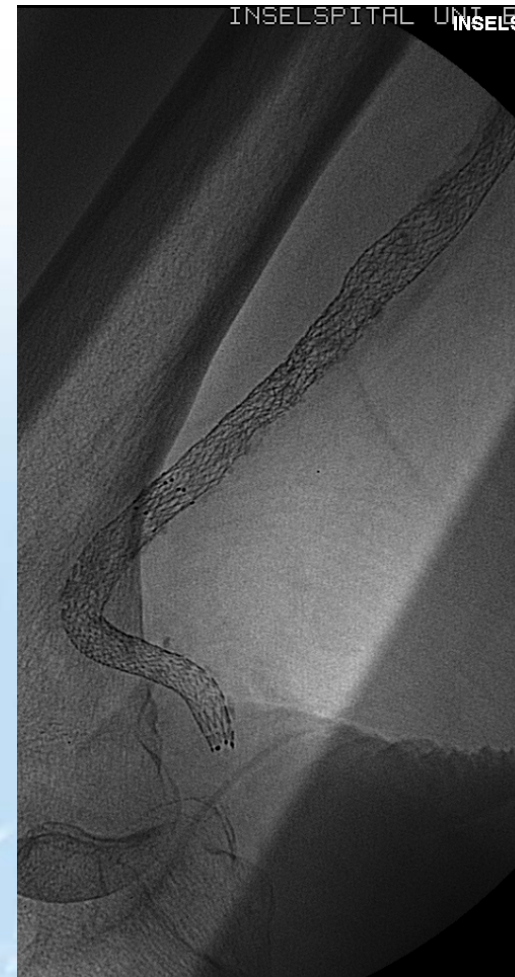


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OUTBACK[®] LTD[™] catheter – Experiences



Bailout: failure of conventional recanalization techniques (no laser or mechanical dissector devices)

■ Period	11.06 - 12.07
■ Patients & lesions (m/f)	20 (12 / 8)
■ Age mean, y (range)	81 (61-97)
■ Rutherford 2/3	4 (20%)
4/5	16 (80%)
■ Occlusion length	17 (5 - 40 cm)
■ De novo / Recurrent	84 / 16 %
■ Antegrad / Cross-over	40 / 60 %

OUTBACK[®] LTD[™] catheter – Results



Bailout Revascularization of femoral CTOs

- Patients & lesions 20
- Re-entry success rate 20 (100%)
- Revascularization success 19 (95%)
- Stenting additional 15 (75%)
- ABI *before, median* 0.37 (0.25-0.5)
after, median (p<0.001) 0.87 (0.82-1.03)
- Vessel perforation 0

Summary



The **OUTBACK[®] LTD[™]** catheter:

- 5.9 French size
- one 0'014" guide wire, OTW capacity
- no IVUS console needed
- fluoroscopy guided

Somes limitations: - cannula not adjustable
- price still high

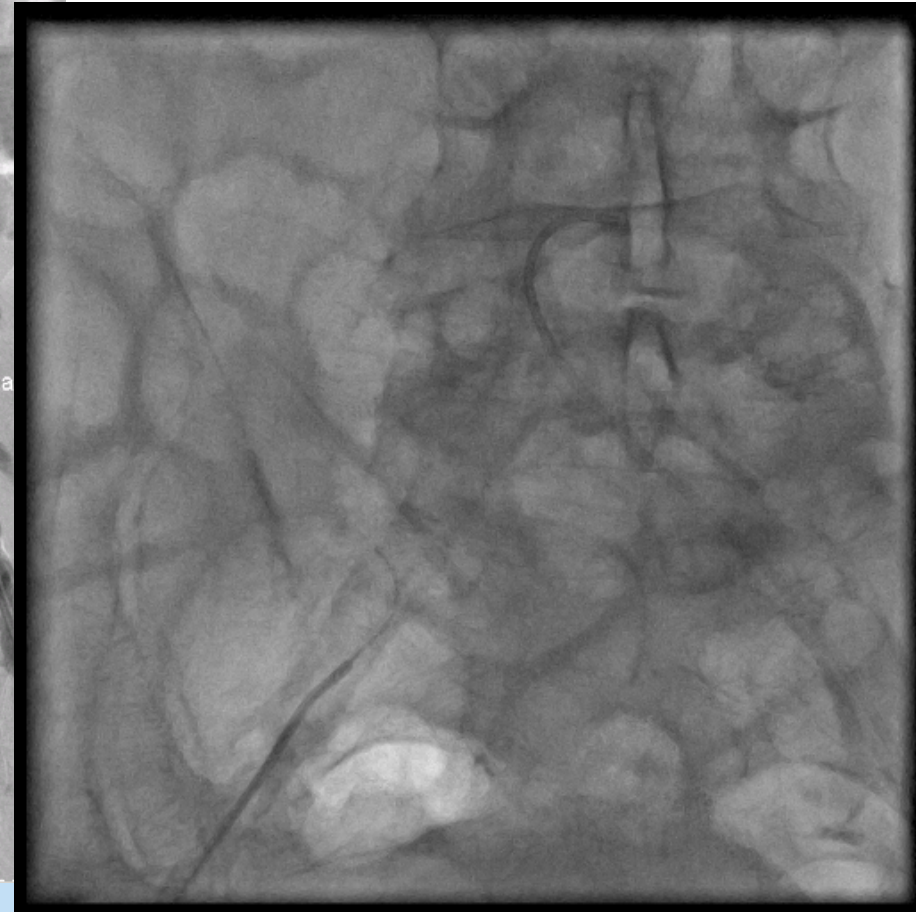
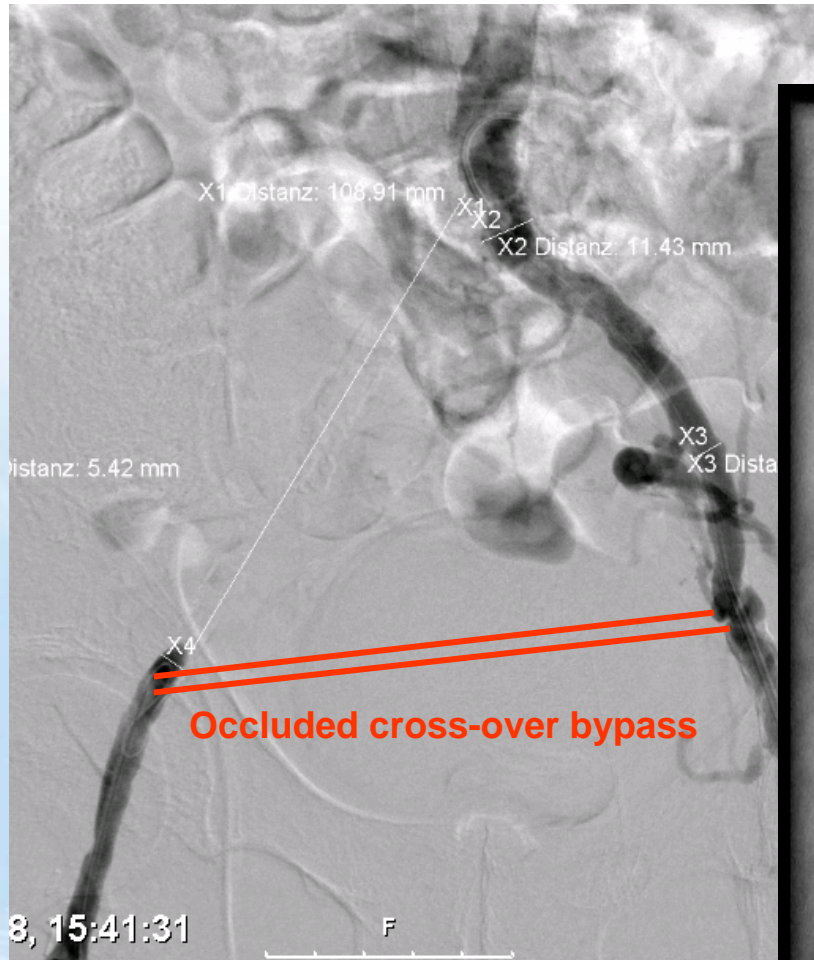
Summary

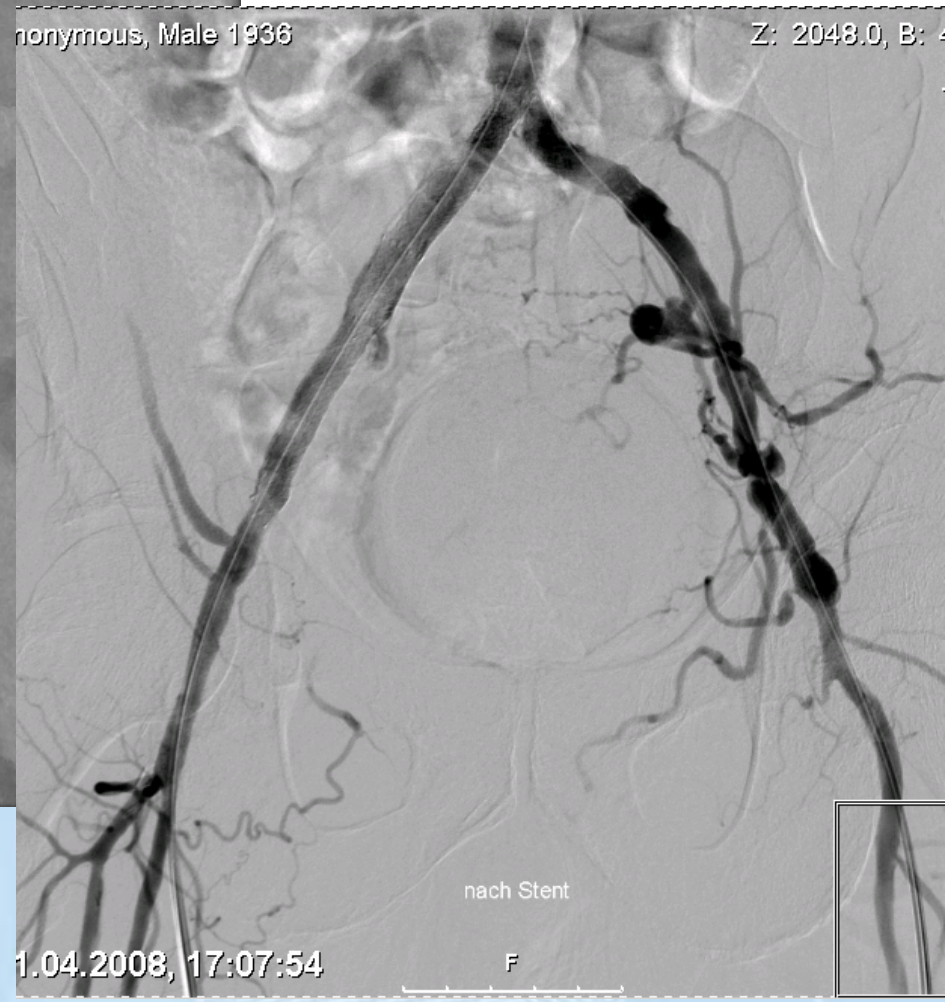
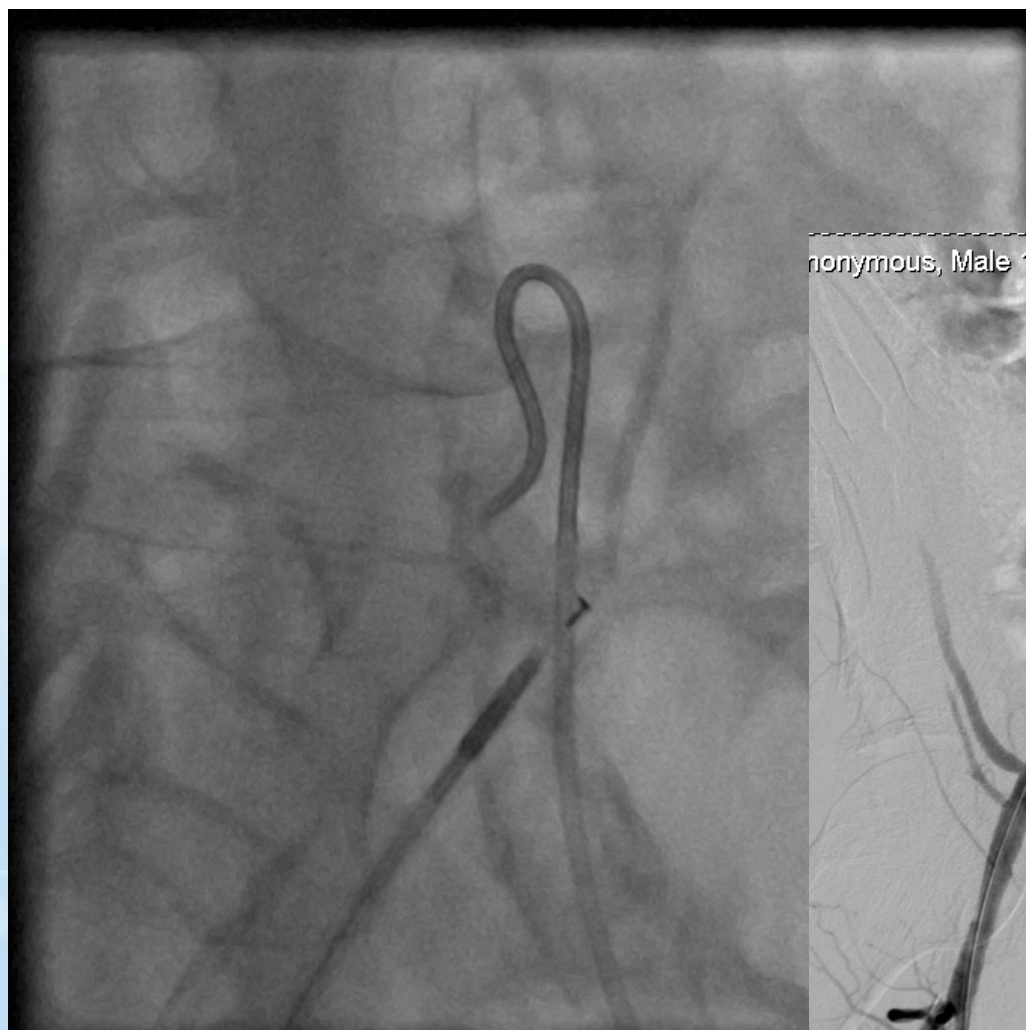


True lumen re-entry devices such as **OUTBACK[®] LTD[™] catheter**

- are safe and easy to use
- facilitate controlled re-entry (CTO or dissection)
- help increase PTA success rate of CTO interventions
- reduce side branch occlusion, & overall treated length
- reduce procedure-related variables such as lab time, contrast-use, etc.
- **helpful not only in SFA, but also in**

but also in **chronic iliac lesions**





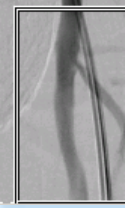
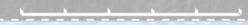
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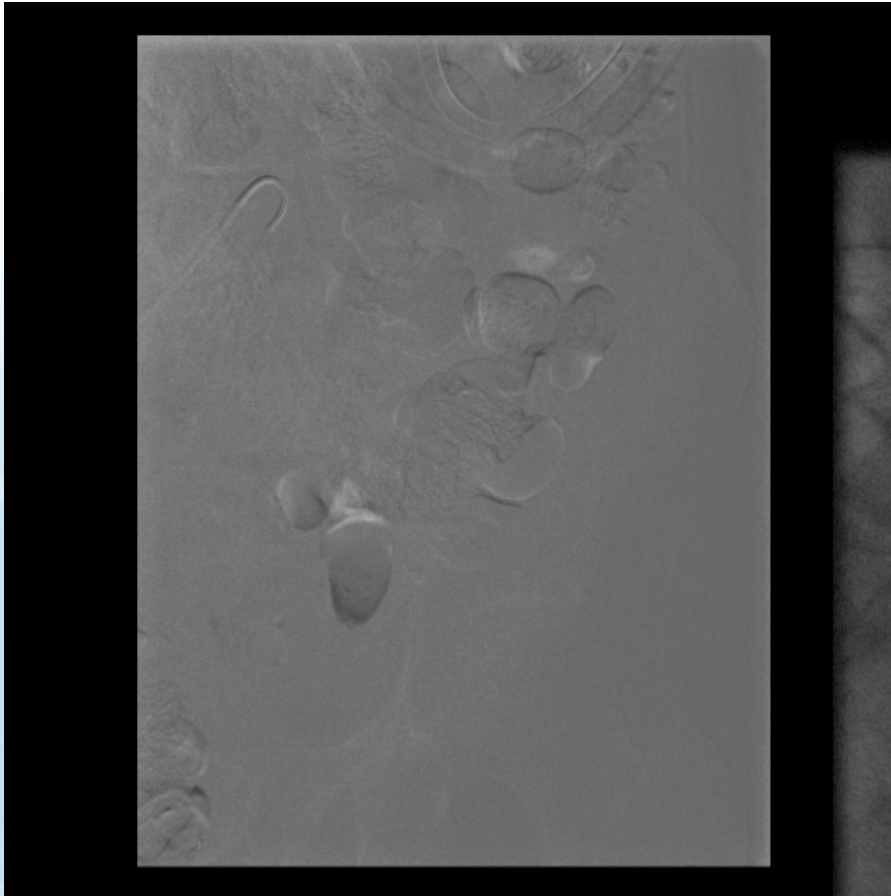


as well asfor fenestration !!!

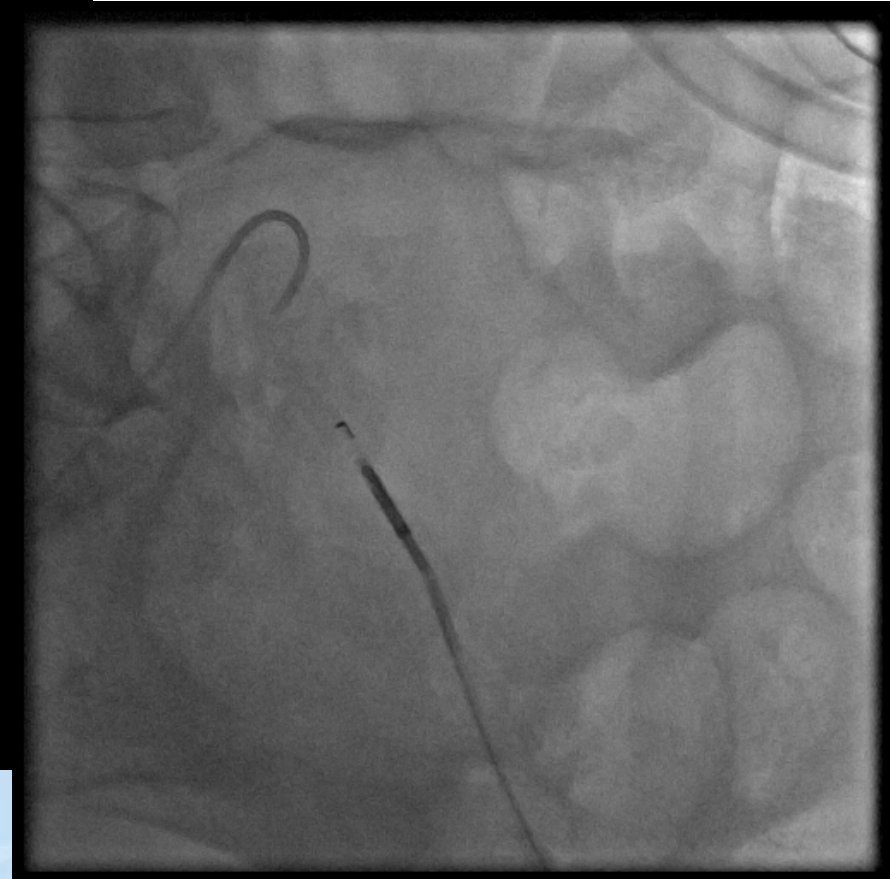


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**Malperfusion of left leg,
type A dissection**



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